COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SILICON OXIDE GAP-FILLING PROCESS

the	specification of whic	ch .								
_X	was filed on as Application Ser I hereby state the									
	plication in accordance I hereby claim fore	ce with Title 37, Code of the control of the contro	rmation which is material to of Federal Regulations, § 1, der Title 35, United States C ate listed below and have	.56(a). Code, § 119	of any foreigr					
for on		atent or inventor's cert ned:	ificate having a filing date be		_					
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No					
		Taiwan, R.O.C.			X					
tra			0)							
	SEND CORRESPON	NDENCE TO:	DIRECT TELEPHONE CALLS TO: (Name and telephone number)							
		800		da Lee						

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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